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CONFIRMATION NO. 3014

<b>SERIAL NUMBER</b> 10/559,680	<b>FILING OR 371(c) DATE</b> 12/06/2005 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3738	<b>ATTORNEY DOCKET NO.</b> 0512-1306	
<b>APPLICANTS</b> Serge Calamel, La Ciotat, FRANCE; <b>** CONTINUING DATA *****</b> <i>AB</i> This application is a 371 of PCT/FR04/01410 06/07/2004 <b>** FOREIGN APPLICATIONS *****</b> <i>AS</i> FRANCE 03/06893 06/06/2003 <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 08/29/2006</b>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>AS</i> Verified and Acknowledged <i>AS</i> Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> FRANCE	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 14	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 466					
<b>TITLE</b> Insert for a cotyloid implant cup for a joint prosthesis, cotyloid implant and joint prosthesis					
<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		